51846 5805

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: J. Reagan

DEPARTMENT NAME & NUMBER:

VENDOR NAME: R. J. Reynolds

A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME: G. N. Kuruc, Jr.

METHOD OF PAYMENT: (CHECK ONE)*
( )INVOICE DEDUCTION (X) CHECK

BILL TO: R. J. Reynolds Tobacco Co.

NAME: G. N. Kuruc, Jr.

ADDRESS: 400 Raritan Center
Edison, N.J.

PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8030017	12300-97513	Worth Full Flavor King	$ 2.00	12/4-1/8		
8030106	12300-97713	Worth Light King				
8030198	12300-97913	Worth Light Menthol King				
8031097	12300-97813	Worth Light 100's				
8031186	12300-97613	Worth Full Flavor 100's				
8031275	12300-92813	Worth Ultra 100's				
8031364	12300-98013	Worth Light Menthol 100's				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional $.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 10/3/94 Sales Rep Signature: G. N. Kuruc

* Payment to be received 15 days from invoice date.

Source: https://www.industrydocuments.ucsf.edu/docs/hlky0000